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PTO/SB/21 (01-08)
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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number 10/577,597-20nf. #5334

Filing Date April 27, 2006

First Named Inventor Cha-Min Tang

Art Unit 2877

Examiner Name K. E. Geisel

Attorney Docket Number 65476(54724)

	EN	ICLOSURES (Check all t	that app	ly)		
x Fee Trans	mittal Form	Drawing(s)		After Allowance Communication to TC		
Fee	Attached	Licensing-related Papers		Appeal Communication to Board of Appeals and Interferences		
x Amendme	nt/Reply	X Petition Under C.F.R. §1.8	4(B)(1)	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)		
After	Final	Petition to Convert to a Provisional Application		Proprietary Information		
Affid	avits/declaration(s)	Power of Attorney, Revocation Change of Correspondence Address		Status Letter		
x Extension	of Time Request	Terminal Disclaimer		X Other Enclosure(s) (please Identify below):		
Express Abandonment Request		Request for Refund		Amendment Transmittal Certificate of Express Mailing Return Postcard		
Information	n Disclosure Statement	CD, Number of CD(s)		violetti i sottodi d		
Certified Copy of Priority Document(s)		Landscape Table on CD				
	lissing Parts/ e Application	Remarks				
Reply to Missing Parts under 37 CFR 1.52 or 1.53						
	SIGNATI	URE OF APPLICANT, ATTOR	NEY, OR	AGENT		
Firm Name	EDWARDS ANGEL	L PALMER & DODGE LLP				
Signature	George C	Raclas				
Printed name	George N. Chaclas					
Date	July 22, 2008		Reg. No.	46,608		

Attorney Docket No.: 65476(54724)

Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. EM053176110US in an envelope addressed to:

MS Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

on <u>July 22, 2008</u> Date

Gisafe Rolli	nes
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Lisa A. Rollins	
Typed or printed name of person	signing Certificate
	(401) 276-6633
Registration Number, if applicable	Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Transmittal (1 page) Fee Transmittal (1 page)

Extension of Time within second month (2 pages) Petition Under C.F.R § 1.84(B)(1) (6 pages)

Amendment Transmittal (1 page)

Amendment (19 pages)

Return Postcard

Charge \$590.00 to deposit account 04-1105

PTO/SB/17 (10-07) Approved for use through 06/30/2010. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known 10/577,597-Conf. #5334 es pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number FEE TRANSMITTAL April 27, 2006 Filing Date Cha-Min Tang First Named Inventor For FY 2008 **Examiner Name** K. E. Geisel 2877 Applicant claims small entity status. See 37 CFR 1.27 Art Unit 65476(54724) TOTAL AMOUNT OF PAYMENT 590.00 Attorney Docket No. (\$) METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): 04-1105 Deposit Account Name: Edwards Angell Palmer & Dodge LLP Deposit Account Deposit Account Number For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) x | Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of x Credit any overpayments

FEE CALCULATION

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1. BASIC FILING, SEARCH, AND EXAMINATION FEES

fee(s) under 37 CFR 1.16 and 1.17

·	FILING FEES Small Entity		SEARCH FEES Small Entity		EXAMINATION FEES Small Entity		
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	<u>Fee (\$)</u>	Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185

Small Entity

Fee Paid (\$)

Total Claim	s Extra Claims	Fee (\$)		Fee Paid (\$)	Multiple D	ependent Claims
18	- 71 =	x	=		Fee (\$)	Fee Paid (\$)
HP = highest	number of total claims paid	for, if greater the	an 20.			

 Indep. Claims
 Extra Claims
 Fee (\$)
 Fee Paid (\$)

 3
 -4 =
 x =
 =

HP = highest number of independent claims paid for, if greater than 3.

Extra Sheets

3. APPLICATION SIZE FEE

Total Sheets

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

- 100 = /50 = (round up to a whole number) x = 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1252 Extension for response within second month 1808 Processing Fee, except in provisional applications 130.00

Number of each additional 50 or fraction thereof

Fee (\$)

SUBMITTED BY					
Signature	George Charles	Registration No. (Attorney/Agent)	46,608	Telephone	(401) 276-6653
Name (Print/Type)				Date	July 22, 2008

JUL 2 2 2008

AMEN	NDMENT 7	[RANSMI]	TTAL LE	TTER	Docket No. 65476(54724)
Application No.		Filing Date Examine			
10/577,597-Conf. #5334		April 27,	2006	K. E. Geise	el 2877
oplicant(s): Cha					
vention: SPATIA					
·		THE COMMI			
ransmitted here he fee has been					
		CLAIM	S AS AMENI	DED	
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	18	- 71 =	0	x 50.00	0.00
Independent Claims	3	- 4 =	0	x 210.00	0.00
Multiple Depend	lent Claims (ch	eck if applicabl	e)		
Other fee (pleas	e specify): F	extension for re Processing Fee pplications		n second month rovisional	460.00 130.00
TOTAL ADDIT	ONAL FEE FO	OR THIS AME	NDMENT:		590.00
x Large Entity				Small Entity	
x No additiona	I fee is require	d for this amer	ndment.		
X Please charge A duplicate of	ge Deposit Acc			the amount of \$	590.00 .
A check in th	ne amount of \$		to cover	the filing fee is enc	losed.
_	credit card. Fo				
X The Director		orized to char	ge and credit	Deposit Account Nenclosed.	lo. <u>04-1105</u>
x Credit ar	ny overpaymer	nt.			
x Charge a	any additional fili	ng or applicatio	n processing t	ees required under	37 CFR 1.16 and 1.17.
George	Chac	las		Dated:	July 22, 2008
George N. Cha Attorney/Agent		308			
EDWARDS AN P.O. Box 55874 Boston, Massac (401) 276-6653	l chusetts 0220:		LP		